



## STATE OF WISCONSIN \ ETHICS BOARD

James R. Morgan  
Chairman  
Paul M. Holzem  
David L. McRoberts  
Robert G. Borgwardt  
Joanne R. Orr  
Dorothy C. Johnson

On the capitol square at:  
44 EAST MIFFLIN STREET  
MADISON, WISCONSIN 53703-2800  
608 266-8123

May 21, 1996

R. Roth Judd  
Executive Director

Senator Tim Weeden  
Co-Chair  
Joint Committee on Finance  
State Capitol  
Madison, WI INTER-D

Representative Ben Brancel  
Co-Chair  
Joint Committee on Finance  
State Capitol  
Madison, WI INTER-D

Re: Supplemental appropriation under  
§ 13.101(3), *Wisconsin Statutes*, for  
costs of enforcement

Dear Senator Weeden and Representative Brancel:

I respectfully request that the Joint Committee on Finance, pursuant to § 13.101(3), *Wisconsin Statutes*, supplement the Board's budget in the amount of \$12,395.45 for contractual services related to investigations of possible violations of the lobbying laws and ethics code. The Board has paid \$9,869.96 to Brennan, Steil, Basting & MacDougall and \$2,525.49 to Bell, Metzner, Gierhart & Moore, S.C. The Ethics Board has been able to pay these bills by deferring a like amount in payments due the Department of Administration for administrative services. These figures reflect billings through the date of this request. We welcome the Committee's action in completing the cost of these investigations.

To this letter, I have attached a document that conveys specific information about the number and nature of the investigations the Board has undertaken this fiscal year, their costs, and the amount of forfeitures the Board has deposited to the state's school fund. Please note that as of this date, the Ethics Board has collected forfeitures totaling \$4,125.00 and

Senator Tim Weeden  
Representative Ben Brancel  
May 21, 1996  
Page 2

deposited that amount in the state school fund. The Board has absorbed the costs of twelve of the fourteen completed matters directly from its previously authorized budget and seeks no supplement for these matters.

#### Meets Statutory Criteria

I advise you that each of the requirements necessary under § 13.101(3), *Wisconsin Statutes*, to permit this request, namely, a lack of funds, a purpose authorized by the Legislature, an unforeseen circumstance, and an emergency are present. As required by § 13.101(3), *Wisconsin Statutes*, I am submitting this request to the secretary of the Committee.

#### Background

To carry out the duties that the Legislature has assigned it, the Ethics Board requires a supplemental appropriation. By letter of August 14, 1995, I advised the Committee that:

From time to time matters involving possible violations of the lobbying law and ethics code come to the Ethics Board's attention and merit the Board's review. The Board investigates most of these matters using existing staff resources. However, the Legislature has not made available an appropriation that permits the Board to carry out its statutory directive to investigate these matters when that requires the hiring of special investigative assistance.

Your committee's letter of August 22, 1995 says:

We concur that you keep us informed on a regular basis, throughout the year, of the costs being incurred as any investigations proceed, but that, as in previous years, any request for supplemental funding for this fiscal year (1995-96) not be submitted until all investigation costs for the year have been incurred.

This is the regular procedure the Joint Finance Committee has followed since 1989.

#### History of Board's Expenditures for Enforcement and Investigations

In fiscal years 74-75, 75-76, 76-77, 77-78, 78-79, 79-80, and 80-81 the Legislature established for the Ethics Board a separate budget line for costs of investigations. The Legislature in 1981 repealed that separate budget line and directed the Ethics Board to fund investigations, to the extent it could, from its general operations budget and to request additional funds under

§ 13.10, if necessary. In recent years, total investigation costs and funding sources have been:

<u>Fiscal Year</u>	<u>Total Costs Incurred</u>	<u>Amount by Source</u>
1994-95	\$37,100	\$37,100-§ 13.10 [1/2 from Ethics Board's program revenue appropriation; 1/2 from Joint Committee on Finance appropriation]
1993-94	\$28,600	\$28,600-§ 13.10 [1/2 from Ethics Board's program revenue appropriation; 1/2 from Joint Committee on Finance appropriation]
1992-93	\$12,700	\$12,700-§ 13.10
1991-92	\$743	\$743-Ethics Bd. Sup&Serv
1990-91	\$0	\$0
1989-90	\$3,900	\$3,900-Ethics Bd. Sup&Serv
1988-89	\$36,100	\$1,900-Ethics Bd. Sup&Serv \$34,200-§ 13.10
1987-88	\$900	\$900-Ethics Bd. Sup&Serv
1986-87	\$35,000	\$5,100-Ethics Bd. Sup&Serv (transfer from Fringe Benefits) \$29,900-Dept. of Justice (§ 14.11)
1985-86	\$6,300	\$6,300-Ethics Bd. Sup&Serv
1984-85	\$3,500	\$3,500-Ethics Bd. Sup&Serv
1983-84	\$0	\$0

The Ethics Board's budget request that the Board submitted to the Legislative Fiscal Bureau, submitted under § 16.42, *Wisconsin Statutes*, in the fall of 1990, 1992 and 1994, specifically noted that provision for funding of contractual legal services, investigators, hearing examiners, court reporters and the like are not included in the Board's supplies and services appropriation in the formation of those requests.

1991-93 Budget Request: Prudent management favors segregating these costs from other routine operating costs. Accordingly, provision for funding contractual legal services, investigators, hearing examiners, court reporters and the like are not included in the Board's supplies and services appropriation in the formation of this budget request.

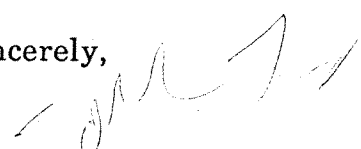
1993-95 Budget Request: Provision for funding contractual legal services, investigators, hearing examiners, court reporters and the like are not included in the Board's current budget or in this budget request.

Senator Tim Weeden  
Representative Ben Brancel  
May 21, 1996  
Page 4

1995-97 Budget Request: Currently, the Ethics Board lacks an appropriation to pay the costs of its investigations of possible violations of Wisconsin's lobbying laws and standards for governmental officials.

I am grateful for the Committee's continuing support and intend to be represented at the Committee Meeting on June, 1996 by Jim Morgan, Chairman of the Ethics Board and Jonathan Becker, Legal Counsel, to answer any questions the Committee may have.

Sincerely,



Roth Judd  
Director

RRJ:hh

Enc.: *Possible Violations of the Ethics Code or Lobbying Law Receiving Ethics Board's Attention During Fiscal Year 1995-96*  
Letter, Judd to Weeden and Brancel, November 13, 1995  
Letter, Judd to Weeden and Brancel, August 14, 1995  
Letter, Weeden and Brancel to Judd, August 22, 1995  
Letter, LEEAN and Linton to Judd, October 20, 1994  
Letter, LEEAN and Linton to Judd, November 10, 1993  
Letter, George and Linton to Judd, February 22, 1993  
Letter, George and Linton to Judd, December 30, 1991  
Letter, George and Kunicki to Judd, August 15, 1989

cc: Members, Joint Committee on Finance  
Dan Caucutt, Committee Secretary  
Legislative Fiscal Bureau  
Pam Henning, Dept. of Administration

**Possible Violations of the Ethics Code or Lobbying Law Receiving Ethics Board's  
Attention during fiscal year 1995-96**  
current as of May 21, 1996

Matter	Subject	1995-96 Bills to Date and Fact Finder Name	Addtl Bills Expected	Forfeitures paid or pending	Matter Concluded
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**Late or Deficient Statements of Economic Interests**

unnumbered	Brown, Brigit E. UW System - Student Regent	absorbed by agency	No	\$50	Yes
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**Late Filing Penalties for Statements of Lobbying Activities and Expenditures**

unnumbered	Dellona Enterprises, Inc.	absorbed by agency	No	\$25	Yes
unnumbered	Froedtert Memorial Lutheran Hospital	absorbed by agency	No	\$100	Yes
unnumbered	Water Quality Assoc. of Wisconsin	absorbed by agency	No	\$25	Yes
unnumbered	McCarthy, Nancy	absorbed by agency	No	\$25	Yes
unnumbered	Froedtert Memorial Lutheran Hospital	absorbed by agency	No	\$100	Yes
unnumbered	Alden Group Inc.	absorbed by agency	No	\$100	Yes

**Lobbying License, Authorization and Registration Deficiencies**

95-LL-04	Jones, Thomas L.	absorbed by agency	No	\$400	Yes
95-LL-05	Stitt, Donald K.	absorbed by agency	No	\$600	Yes
95-LL-06	WI Rental Dealers Assoc.	absorbed by agency	No	\$1700	Yes
95-LL-07	Courtney, Zakiya	absorbed by agency	No	\$600	Yes
05-LL-08	Buckley, James	absorbed by agency	No	\$400	Yes

**Violations of Lobbying Law or Ethics Code Standards**

93-SC-07	Pending action by District Attorney	\$9,869.96 Brennan, Steil, Basting & MacDougall	Yes	----	Yes, referred to District Attorney with recommen- -dation for criminal prosecution
96-SC-02		Bell, Metzner, Gierhart & Moore, S.C.	Yes	2,525.49	No

Total Number of Matters	Total Number of Matters Where Total Costs Were Absorbed by Ethics Board	Total Bills to Date	Total Forfeitures Collected or Pending (Deposited to State School Fund)	Total No. of Matters Completed
14	12	\$12,395.45	\$4,125.00	12



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608 266-8123

November 13, 1995

R. Roth Judd  
Executive Director

Senator Tim Weeden  
Co-Chair  
Joint Committee on Finance  
State Capitol  
Madison, WI INTER-D

Representative Ben Brancel  
Co-Chair  
Joint Committee on Finance  
State Capitol  
Madison, WI INTER-D

Re: Supplemental appropriation under  
§ 13.101(3), *Wisconsin Statutes*, for  
costs of enforcement

Dear Senator Weeden and Representative Brancel:

I respectfully request that the Joint Committee on Finance, pursuant to § 13.101(3), *Wisconsin Statutes*, supplement the Board's budget in the amount of \$9,737.76 for contractual services related to investigations of possible violations of the lobbying laws and ethics code. The Board has paid this amount to Brennan, Steil, Basting & MacDougall. The Ethics Board has been able to pay these bills by deferring a like amount in payments due the Department of Administration for administrative services. We do not foresee any additional bills in this matter and welcome the Committee's action in completing the cost of this investigation.

To this letter, I have attached a document that conveys specific information about the number and nature of the investigations the Board has undertaken this fiscal year, their costs, and the amount of forfeitures the Board has deposited to the state's school fund. Please note that as of this date, the Ethics Board has collected forfeitures totaling \$1,775.00 and deposited that amount in the state school fund. The Board has absorbed the

of investigations. The Legislature in 1981 repealed that separate budget line and directed the Ethics Board to fund investigations, to the extent it could, from its general operations budget and to request additional funds under § 13.10, if necessary. In recent years, total investigation costs and funding source have been:

<u>Fiscal Year</u>	<u>Total Costs Incurred</u>	<u>Amount by Source</u>
1994-95	\$37,100	\$37,100-§ 13.10 [1/2 from Ethics Board's program revenue appropriation; 1/2 from Joint Committee on Finance appropriation]
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The Ethics Board's budget request that the Board submitted to the Legislative Fiscal Bureau, submitted under § 16.42, *Wisconsin Statutes*, in the fall of 1990, 1992 and 1994, specifically noted that provision for funding of contractual legal services, investigators, hearing examiners, court reporters and the like are not included in the Board's supplies and services appropriation in the formation of those requests.

1991-93 Budget Request: Prudent management favors segregating these costs from other routine operating costs. Accordingly, provision for funding contractual legal services, investigators, hearing examiners, court reporters and the like are not included in the Board's supplies and services appropriation in the formation of this budget request.



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608 266-8123

August 14, 1995

R. Roth Judd  
Executive Director

Senator Timothy Weeden  
Co-Chair  
Joint Committee on Finance  
State Capitol  
Madison, WI INTER-D

Representative Ben Brancel  
Co-Chair  
Joint Committee on Finance  
State Capitol  
Madison, WI INTER-D

Re: Likely request for supplemental  
appropriation under § 13.101(3),  
*Wisconsin Statutes*

Dear Senator Weeden and Representative Brancel:

From time to time matters involving possible violations of the lobbying law and ethics code come to the Ethics Board's attention and merit the Board's review. The Board investigates most of these matters using existing staff resources. However, the Legislature has not made available an appropriation that permits the Board to carryout its statutory directive to investigate these matters when that requires the hiring of special investigative assistance.

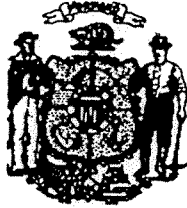
I am writing to confirm that the Joint Committee on Finance wishes me to act in accordance with the committee's instructions of past years, namely that the Board [1] proceed to incur expenses in connection with the investigation of possible violations of the lobbying law and ethics code and those



# STATE OF WISCONSIN

SENATE CHAIR  
TIM WEEDEN

Room 119 South, State Capitol  
P.O. Box 7882  
Madison, WI 53707-7882  
Phone: 266-2253



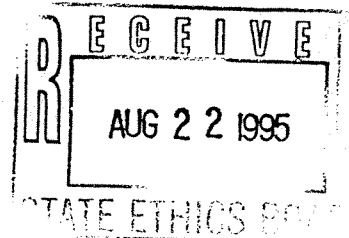
ASSEMBLY CHAIR  
BEN BRANCEL

Room 107 South, State Capitol  
P.O. Box 8952  
Madison, WI 53708-8952  
Phone: 266-7746

## JOINT COMMITTEE ON FINANCE

August 22, 1995

Mr. R. Roth Judd, Executive Director  
Ethics Board  
44 East Mifflin Street  
Madison, WI 53707



Dear Mr. Judd:

This letter is in response to your letter of August 14, 1995, in which you requested confirmation from us that the Joint Committee on Finance wishes the Ethics Board to request supplemental funding under ss. 13.101 and/or 16.515 of the Statutes for the cost of investigations of possible violations of the State Ethics Code after the actual costs of such investigations are known.

We concur that you should keep us informed on a regular basis, throughout the year, of the costs being incurred as any investigations proceed, but that, as in previous years, any request for supplemental funding for this fiscal year (1995-96) not be submitted until all investigation costs for the year have been incurred.

Handwritten signature of Tim Weeden.

TIM WEEDEN  
Senate Chair

Sincerely,

Handwritten signature of Ben Brancel.

BEN BRANCEL  
Assembly Chair

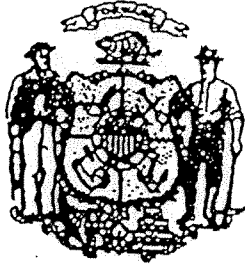
TW/BB/dr

cc: Members, Joint Committee on Finance  
Bob Lang, Legislative Fiscal Bureau  
Dan Caucutt, Department of Administration

# State of Wisconsin

SENATE CHAIR  
JOE LEEAN

Room 119 South, State Capitol  
P.O. Bo 7882  
Madison, WI 53707-7882  
Phone: 266-0751



ASSEMBLY CHAIR  
BARBARA J. LINTON

Room 127 South, State Capitol  
P.O. Bo 8952  
Madison, WI 53708-8952  
Phone: 266-7690

## JOINT COMMITTEE ON FINANCE

October 20, 1994

Mr. R. Roth Judd, Executive Director  
Ethics Board  
44 East Mifflin Street  
Madison, WI 53707

Dear Mr. Judd:

This letter is in response to your letter of October 7, 1994, in which you requested from us confirmation that the Joint Committee on Finance wishes the Ethics Board to request supplemental funding under s. 13.101 or 16.515 of the Statutes for the cost of investigations of possible violations of the State Ethics Code only after the actual costs of such investigations are known.

We concur that, as in previous years, you should keep us informed on a regular basis of the costs being incurred as any investigations proceed, but that any request for supplemental funding for this fiscal year not be submitted until all special investigation costs for this fiscal year have been incurred.

A handwritten signature in cursive script that reads 'Joe Leean'.

JOE LEEAN  
Senate Chair

Sincerely,

A handwritten signature in cursive script that reads 'Barbara J. Linton'.

BARBARA J. LINTON  
Assembly Chair

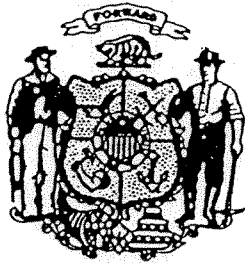
JL/BJL/ns

cc: Members, Joint Committee on Finance  
Bob Lang  
Dan Caucutt

# State of Wisconsin

SENATE CHAIR  
JOE LEEAN

Room 119 South, State Capitol  
P.O. Box 7882  
Madison, WI 53707-7882  
Phone: 266-0751



ASSEMBLY CHAIR  
BARBARA J. LINTON

Room 127 South, State Capitol  
P.O. Box 8952  
Madison, WI 53708-8952  
Phone: 266-7690

## JOINT COMMITTEE ON FINANCE

November 10, 1993

Mr. R. Roth Judd, Executive Director  
Ethics Board  
44 East Mifflin Street  
Madison, WI 53707

Dear Mr. Judd:


This letter is in response to your letter of November 4, 1993, in which you advised us that you anticipate that the Ethics Board may need to submit a request to the Joint Committee on Finance for supplemental funding under s. 13.101 or 16.515 of the Statutes for the cost of investigations of possible violations of the State Ethics Code.

~~000 S I VOM~~

You indicated that no costs for investigations have been incurred to date in this fiscal year, and that the amount of any supplemental funding that might be needed is not known at this time. We concur that, as in previous years, you keep us informed of the costs being incurred as investigations proceed, but that any request for supplemental funding for this fiscal year not be submitted until all special investigation costs for this fiscal year have been incurred.

  
JOE LEEAN  
Senate Chair

Sincerely,

  
BARBARA J. LINTON  
Assembly Chair

JL/BJL/ns

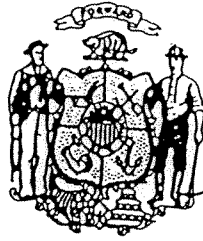
cc: Members, Joint Committee on Finance

# State of Wisconsin

SENATE CHAIR

GARY R. GEORGE

Room 119 South  
State Capitol  
P.O. Box 7882  
Madison, WI 53707-7882  
Phone: 266-2500



ASSEMBLY CHAIR

BARBARA J. LINTON

Room 127 South  
State Capitol  
P.O. Box 8952  
Madison, WI 53708-8952  
Phone: 266-7690

## JOINT COMMITTEE ON FINANCE

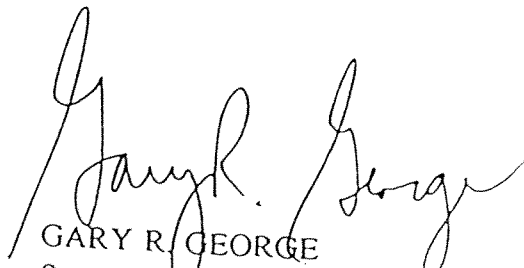
February 22, 1993

Mr. R. Roth Judd, Executive Director  
Ethics Board  
44 East Mifflin Street  
Madison, WI 53707

Dear Mr. Judd:

This letter is in response to your letter of February 15, 1993, in which you advised us that you anticipate that the Ethics Board may need to submit a request to the Joint Committee on Finance for supplemental funding under s. 13.101 of the Statutes for the cost of investigations of possible violations of the State Ethics Code.

You indicated that no costs for investigations have been incurred to date in this fiscal year, and that the amount of any supplemental funding that might be needed is not known at this time. We concur that, as in previous biennia, you keep us informed of the costs being incurred as investigations proceed, but that any request for supplemental funding for this fiscal year not be submitted until all special investigation costs for this fiscal year have been incurred.

  
GARY R. GEORGE  
Senate Chair

Sincerely,

  
BARBARA J. LINTON  
Assembly Chair

GRG/BJL/lmr

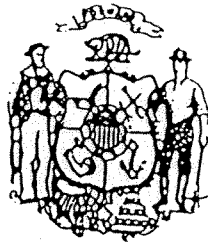
cc: Robert Wm. Lang, Director  
Legislative Fiscal Bureau

# State of Wisconsin

SENATE CHAIR

GARY R. GEORGE

Room 119 South  
State Capitol  
P.O. Box 7802  
Madison, WI 53707-0802  
Phone: 266-2500



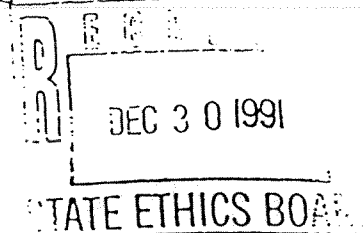
ASSEMBLY CHAIR

BARBARA J. LINTON

Room 127 South  
State Capitol  
P.O. Box 8952  
Madison, WI 53708-0952  
Phone: 266-7000

## JOINT COMMITTEE ON FINANCE

December 30, 1991



Mr. R. Roth Judd, Executive Director  
Ethics Board  
44 East Mifflin Street  
Madison, WI 53707

Dear Mr. Judd:

This letter is in response to your letter of December 16, 1991, in which you advised us that you anticipate that the Ethics Board may need to submit a request to the Joint Committee on Finance for supplemental funding under s. 13.101 of the Statutes for the cost of investigations or possible violations of the State Ethics Code.

You indicated that no costs for investigations have been incurred to date in this fiscal year, and that the amount of any supplemental funding that might be needed is not known at this time. We would prefer that, as in previous biennia, you keep us informed of the costs being incurred as investigations proceed, but that any request for supplemental funding for this fiscal year, in excess of the existing \$5,000 for investigation expenses in the Board's base supplies and services budget, not be submitted until all special investigation costs for this fiscal year have been incurred.

If you have any questions, please contact us.

Sincerely,

*Gary R. George*

GARY R. GEORGE  
Senate Chair

*Barbara J. Linton*

BARBARA J. LINTON  
Assembly Chair

GRG/BJL/lmr

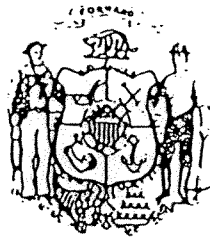
cc: Robert Wm. Lang, Director  
Legislative Fiscal Bureau

# State of Wisconsin

SENATE CHAIR

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Room 119 South  
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Madison, WI 53707-7882  
Phone 266-2500



ASSEMBLY CHAIR

WALTER J. KUNICKI

Room 121 South  
State Capitol  
P.O. Box 7882  
Madison, WI 53707-7882  
Phone 267-7661

## JOINT COMMITTEE ON FINANCE

August 15, 1989

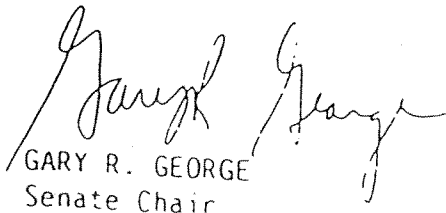
Mr. R. Roth Judd, Executive Director  
Ethics Board  
125 South Webster  
Madison, WI 53702

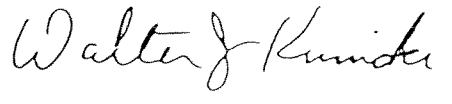
Dear Mr. Judd:

This is in response to your letter of August 14, 1989 in which you advised us that the Ethics Board may need to submit a request to the Joint Committee on Finance for supplemental funding under s. 13.101 of the Statutes for the cost of investigations of possible violations of the State Ethics Code.

Since, as you indicate, the specific costs for any such investigations, as well as the amount of any supplemental funding needed, is not known, we would prefer that you keep us informed of the costs being incurred as investigations proceed, but that any request for supplemental funding for this fiscal year not actually be submitted until all special investigation costs for this fiscal year have been incurred.

Sincerely,

  
GARY R. GEORGE  
Senate Chair

  
WALTER J. KUNICKI  
Assembly Chair

GRG/WJK/nw

cc: Members, Joint Committee on Finance  
Bob Lang  
Dan Caucutt



## **Legislative Fiscal Bureau**

One East Main, Suite 301 • Madison, WI 53703 • (608) 266-3847 • Fax: (608) 267-6873

June 27, 1996

**TO:** Members  
Joint Committee on Finance

**FROM:** Bob Lang, Director

**SUBJECT:** Employee Trust Funds--Section 13.10 Request to Provide a Supplement of \$290,700 SEG in 1996-97 for Health Insurance Data Collection and Analysis--Agenda Item III

The Department of Employee Trust Funds (ETF) requests a supplement of \$290,700 SEG in 1996-97 to the agency's s. 20.515(1)(ut) appropriation which funds contracts for health insurance data collection and analysis. This appropriation is currently funded at \$257,000 SEG in 1995-96 and \$0 SEG in 1996-97. ETF requests that the amounts for this purpose be provided from the Committee's s. 20.865(4)(u) appropriation. Supplements made from this appropriation are drawn from the available balances of the appropriate segregated fund, in this case the separate budget account for health insurance programs which is financed by employee and employer health insurance premium payments.

### **BACKGROUND**

A separate health insurance and data collection and analysis appropriation was first established in the 1992 budget adjustment act to provide contractual services resources for these types of activities to the Group Insurance Board. The appropriation was originally funded at \$80,000 SEG in 1991-92 and \$300,000 SEG in 1992-93 and in each fiscal year thereafter through 1994-95. As part of ETF's 1995-97 biennial budget, the agency again sought a continuation of the \$300,000 SEG base funding level in this appropriation in both 1995-96 and 1996-97.

During the Committee's deliberations on ETF's 1995-97 budget, a review of actual health insurance data collection and analysis expenditures indicated that historically this appropriation had been consistently overbudgeted relative to the agency's actual needs. Furthermore, for the 1995-96 fiscal year, ETF was only able to identify potential health data collection and analysis activities with total projected costs of \$257,000 SEG which would be funded from this

appropriation. Finally, it was determined that no detail had been developed by ETF relating to estimated expenditures from this appropriation for the 1996-97 fiscal year.

As a result of this analysis, the Committee reduced base level funding by \$43,000 SEG in 1995-96 to provide a total of \$257,000 SEG in that fiscal year. For 1996-97, the entire \$300,000 SEG of base level funding was deleted with the understanding that ETF would be allowed to return to the Committee under s. 13.10 of the statutes, when a detailed 1996-97 budget had been developed. ETF has now developed a 1996-97 budget which proposes expenditures of \$290,700 SEG for such activities.

## ANALYSIS

ETF's proposed 1996-97 budget of \$290,700 SEG would be used to support the following contractual services expenditures:

**TABLE 1**

**Proposed 1996-97 Health Data Collection and Analysis Budget  
(SEG Funds)**

<u>Contractual Service</u>	<u>Amount</u>
Services to Develop and Maintain Health Insurance Enrollment Database	\$181,700
Actuarial Services for Negotiation of Health Care Provider Premium Rates	40,000
Annual Survey of Participant Satisfaction with Group Health Insurance Plans	<u>69,000</u>
<b>TOTAL</b>	<b>\$290,700</b>

**Health Insurance Enrollment Database.** The Department proposes expending \$181,700 SEG in 1996-97 to maintain and update its existing health insurance membership enrollment database for state and local government employees and for Wisconsin Retirement System annuitants. The existing enrollment database contains comprehensive information on all persons covered under health plans offered by the Group Insurance Board. The information in the database includes such items as the identity of each subscriber and dependents of the subscriber, relevant demographic data for the subscriber and dependents, employer data, all relevant health plan coverage information for the subscriber and dependents, data on third party coverage, source of premium payments and complaint filings.



Currently, ETF contracts with a single database administrator (Grant Thornton) who enters all employer and membership data and provides ongoing access to the resulting system for ETF employer. The administrator receives information on a monthly basis from participating employers (state agencies and participating local governments). This information is keyed manually by the administrator into the database system. Health plans typically submit their monthly subscriber and dependent updates on diskettes which are in turn uploaded by the administrator into the database system. As a result, data in the system is constantly being revised and permits the preparation of a series of monthly status, trend, and error-control reports which ETF uses in the overall management of the health insurance program. The Department has identified approximately three dozen types of reports which are now generated on a monthly basis from the enrollment database. Additional specialized and trend-type reports may be developed in-house by agency staff (often in consultation with the administrator who may provide technical assistance to the Department on such matters). In the current 1995-96 fiscal year, ETF has budgeted \$160,000 SEG for all of these database management activities.

Under the Department's 1996-97 request, the current database administrator (Grant Thornton) would no longer provide all contractual services for the health insurance membership database. The Department now believes that it will be more cost effective to have a separate contractor provide on-site data entry for enrollment data submitted by participating employers.

Under this revised arrangement, a total of \$114,000 SEG (rather than the current \$160,000 SEG) would be budgeted for Grant Thornton. Of these amounts \$96,000 SEG (\$8,000 SEG monthly) would be budgeted to maintain and provide access to the membership database. These budgeted costs would include those associated with uploading all monthly subscriber and dependent updates which are submitted on diskettes by the various health plans. These charges reflect estimated computer usage, storage, access and printing costs (based on comparable 1995-96 charges) with an increased usage factor of at least 10% to reflect anticipated increased ETF staff utilization of the database. An additional \$18,000 SEG would be budgeted for technical assistance fees charged by Grant Thornton. These fees are incurred when ETF staff require assistance in the redesign of the existing database in order to prepare special reports.

Further, ETF intends to contract in 1996-97 with National Business Systems, Inc., to provide on-site data entry for information submitted by participating employers. Additional on-site staff would be provided by National Business Systems, Inc., during the annual "dual-choice" enrollment period for employees and annuitants. Under ETF's request, a total of \$67,700 SEG would be budgeted for this purpose. While these budgeted costs are \$9,000 SEG less than the amounts which would be paid to Grant Thornton if these data entry activities continued to be provided by that firm, the total projected enrollment database budget of \$181,700 SEG under the request would exceed the current year budgeted total (\$160,000 SEG) by some \$21,700 SEG. The Department indicates that this increase is due to increased usage of the database by agency staff.

**Actuarial Services.** The Department proposes expending \$40,000 SEG in 1996-97 to retain its consulting insurance actuary (Milliman & Robertson) to assist the Group Insurance

Board in the annual negotiation of premium rates with health plan providers. The consulting actuary utilizes the membership enrollment database to determine the characteristics of the participants in each health plan. By utilizing additional data on each plan's claims experience with currently covered employees and annuitants under the state's group health insurance plans, the actuary has been able to develop utilization and cost targets for each plan. The actuary then compares the target premium rates with the actual bids submitted by the health plan. Where the proposed bid and the target premium rates fall outside an established range, the actuary and the Department will then negotiate with selected plans regarding the submitted bids. While plans are not required to revise their bids as a result of these negotiations, some have done so with a result of reduction in premium rates.

In 1995-96, a total of \$35,000 SEG was expended for these actuarial services. An April 26, 1996, letter from Milliman & Robertson to the Department indicates that the costs for these services during the 1996-97 fiscal year are estimated at \$40,000 SEG, based on 265 hours of actuarial services (\$36,800) plus computer usage charges (\$3,200).

**Annual Participant Survey.** The Department proposes expending \$69,000 SEG in 1996-97 to contract with the University of Wisconsin Survey Research Lab to continue its annual survey of health plan subscribers. The survey asks a random sample of insured participants about their perceptions of the care and services provided by their health plan. The results of the survey are published annually as plan "report cards" which are included in the information provided to employees and annuitants as part of the annual health insurance "dual choice" enrollment process.

The Survey Research Lab's total proposed detailed budget for the survey in 1995-96 was \$67,200 SEG; however, the actual expenditures for the survey amounted to \$62,000 SEG. This reduced cost was required in order not to exceed the total amount of funds remaining in the appropriation and was achieved by surveying a somewhat smaller sample of respondents. The projected cost for 1996-97 is based on the 1995-96 proposed costs for a full sample of respondents, and the increase by 2.5% to accommodate anticipated inflationary cost increases.

**Summary.** The Committee originally acted to eliminate base level funding in the health insurance data collection and analysis contracts appropriation for 1996-97 because no detail had been developed for proposed expenditures from that appropriation in that fiscal year. The agency has now developed a proposed budget for the continuation of projects that are consistent with the overall purpose of the appropriation. The cost projections associated with these projects generally extend current activities for an additional year and appear to be reasonable. Consequently, the Committee may wish to approve the supplementation request.

It may be noted, however, that there may be some issues relating to this appropriation which the Committee may wish to address during its deliberations on the next biennial budget. For example, should the appropriation be continued as a separate appropriation or should it be merged with the agency's general administrative appropriation? Further, should all of the current contractual services projects (for example, the annual survey of participants) be undertaken each year or only periodically? If the Committee wishes to require that a review of these and other

possible related issues be included in the agency's 1997-99 budget submittal, it could act to specify that the \$290,700 SEG supplementation in 1996-97 be considered one-time rather than base building funding. This action would then require ETF to submit a new request for continued funds in 1997-99.

## ALTERNATIVES

1. Approve ETF's request for a supplement of \$290,700 SEG in 1996-97 from the Committee's s. 20.865(4)(u) appropriation to the agency's s. 20.515(1)(ut) appropriation [health insurance data collection and analysis] to continue the development and use of the agency's health insurance database.

2. Approve ETF's request for a supplement of \$290,700 SEG in 1996-97 from the Committee's s. 20.865(4)(u) appropriation to the agency's s. 20.515(1)(ut) appropriation [health insurance data collection and analysis] to continue the development and use of the agency's health insurance database in 1996-97 but specify that these funds be considered one-time funding and not base building.

3. Deny the request.

Prepared by: Tony Mason

MO# A14.2

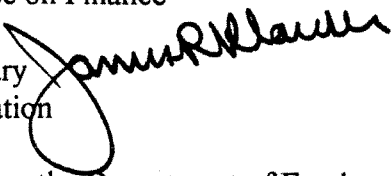
2 BURKE	(Y)	N	A
ANDREA	(Y)	N	A
GEORGE	(Y)	N	A
DECKER	(Y)	N	A
JAUCH	(Y)	N	A
WINEKE	(Y)	N	A
WEEDEN	(Y)	N	A
COWLES	(Y)	N	A
<del>BRANCEL</del>	(Y)	N	A
FOTI	(Y)	N	A
SCHNEIDERS	(Y)	N	A
OURADA	(Y)	N	A
HARSDORF	(Y)	N	A
PORTER	(Y)	N	A
LINTON	(Y)	N	A
COGGS	(Y)	N	A

AYE 15 NO 0 ABS 1

**CORRESPONDENCE MEMORANDUM****STATE OF WISCONSIN  
Department of Administration**

**Date:** June 11, 1996

**To:** Members, Joint Committee on Finance

**From:** James R. Klauser, Secretary  
Department of Administration 

**Subject:** Section 13.10 Request from the Department of Employee Trust Funds for supplement appropriations to provide for continued development and use of the department's health care database.

**Request**

The Department of Employee Trust Funds (ETF) requests a supplement of \$290,700 SEG in fiscal year 1996-97 from the Committee's appropriation under s. 20.865(4)(u) to the department's s. 20.515 (1)(ut) Health insurance data collection and analysis contracts appropriation to continue development and use of the department's health care database.

**Background**

The Health care data collection and analysis contracts appropriation (s. 20.515(1)(ut)) was created in the 1992 budget adjustment act (1991 Wisconsin Act 269). The appropriation was established to provide the Group Insurance Board (GIB) with resources to contract for data collection and analysis services in the operation of the state group health insurance program.

The 1993-95 biennial budget authorized \$300,000 SEG annually in this appropriation. In 1994 the GIB, ETF and Governor proposed that \$300,000 be continued annually for the 1995-97 biennium for the purposes of contracted health insurance data collection and analysis services. However, the Joint Committee on Finance reduced FY96 funding by \$43,000 based upon ETF's anticipated expenditures and removed all funding for FY97 due to the absence of a specific budget for FY97 health insurance data collection and analysis activities. Funds were removed for FY97 with the understanding that ETF could return to the Joint Committee on Finance under s. 13.10 to request FY97 funding for these activities when a specific budget was prepared.

**Analysis**

ETF seeks funding in FY97 to continue updating the department's health care membership database. Maintaining the database enables ETF to determine who is covered under each subscriber's policy. This data is extracted and analyzed by contracted actuaries and used to create target premiums for the various health care plans participating in the state health insurance program. Target premium rates are based upon characteristics of the insured population and anticipated market changes. The actuary and ETF staff use target premiums to negotiate premium rates with plan providers. The Legislative Audit Bureau's 1996 audit of the state group health insurance program

concluded that the state saved an estimated \$6.7 million over a three year period in direct premiums through the negotiation process.

ETF also uses this appropriation to contract for survey services in the compilation of data for the Health Plan Report Cards which are published within the annual Dual Choice booklet. The published "report cards" allow employees to compare customer satisfaction ratings for the various health plans. The compilation of satisfaction data also allows ETF to identify under-performing plans. ETF requires under-performing plans to develop action plans for service improvement.

ETF expended \$263,800 in FY95 and anticipates expending the \$257,000 budgeted in FY96 for database maintenance, actuarial services and survey implementation within their s. 20.515(1)(ut) appropriation. The \$290,700 in FY97 is 14% greater than FY96 in substantial part because the FY96 requirements actually exceeded the budget available and expenses were curtailed accordingly. The FY97 request fully funds anticipated needs. The following table provides a breakdown of ETF's request for FY97.

<b>Expenditure</b>	<b>Anticipated FY96 (est.)</b>	<b>Request FY97</b>
Enrollment Database Maintenance (includes contracted service and CPU time)	\$162,000	\$181,700
Actuarial Service	\$35,000	\$40,000
Health Plan Satisfaction Survey	<u>\$60,000</u>	<u>\$69,000</u>
<b>Total</b>	<b>\$257,000</b>	<b>\$290,700</b>

Approving the request will allow ETF to continue contracting for the maintenance of the health care database and provide actuarial analysis of data used in the negotiation of premium rates for health insurance. Funding will also allow ETF to continue collecting health insurance membership satisfaction data used in the creation of health plan "report cards". Without the additional expenditure authority ETF would be required to forgo health care database updating, the related actuarial review and the creation of health plan "report cards". All of these activities have been identified as useful tools in the management of health insurance costs and in the improvement of health care quality.

#### **Recommendation**

Approve the request.

Prepared by: Andrew Thelke  
266-8777



STATE OF WISCONSIN

## Department of Employee Trust Funds

Eric Stanchfield  
Secretary

201 East Washington Avenue  
P. O. Box 7931  
Madison, Wisconsin 53707

May 23, 1996

In Reply Refer To:

The Honorable Timothy Weeden  
Co-Chair, Joint Finance Committee  
119 Martin Luther King Jr. Blvd., Room LL1  
Madison, Wisconsin 53702

The Honorable Ben Brancel  
Co-Chair, Joint Finance Committee  
107 South, State Capitol  
Madison, Wisconsin 53702

Dear Senator Weeden and Representative Brancel:

On behalf of the Group Insurance Board and the Department of Employee Trust Funds, I ask that the Joint Committee on Finance provide the funding required to continue development and use of the health care database first authorized in 1991 Wisconsin Act 269.

The 1993-95 Biennial Budget authorized \$300,000 SEG annually in a separate appropriation to enable the Group Insurance Board to contract for data collection and analysis services relating to the operation of the state group health insurance program. The Group Insurance Board (GIB) and Department proposed continuation of that funding for 1995-97. This Committee, however, chose to delete the base funding level for the second year of the current biennium with the understanding that the Department would return to the Committee under s. 13.101 with a supplementation request when a more detailed plan for data collection and analysis was available.

The Department now requests annual funding of \$290,700 SEG (see Attachment A) to continue key data collection and analysis functions for the state and local government health insurance plans, including:

- Maintenance and operation of the health care membership database.
- Collection and analysis of health plan utilization data for use during the negotiation of health care premium rates.
- Compilation of the member satisfaction survey and publication of Health Plan Report Cards in the annual Dual-Choice booklet.

### **Background**

The GIB and Department are responsible for providing comprehensive health care coverage at the lowest reasonable rate for all eligible state and local employees. For calendar year 1996, the GIB offers two self-funded standard fee-for-service plans and contracts with 26 health maintenance organizations (HMOs) and preferred provider organizations (PPOs). Nearly 200,000 individuals are covered statewide with projected annual premiums totalling approximately \$325,000,000. Premiums are paid predominantly by employers.

During the mid-1980s, the GIB developed and implemented a managed competition system to achieve its mission of purchasing cost-effective, high quality health care. As health care costs began to escalate in the late 1980s, the GIB contracted with the Martin E. Segal Company to analyze the program and recommend actions which would continue the program's cost-effectiveness. The Segal Company recommended administrative and benefit refinements which have been largely implemented. In addition, the consultants strongly encouraged the GIB to develop a management information system that would track enrollment, provide a tool to identify utilization trends, assess factors which drive health care costs, and educate consumers.

Acting on the request of the Board and Department, the Legislature provided funding in 1991 Wisconsin Act 269 to develop the database and system needed to collect health care information per the Segal Company recommendations. The legislation provided for the creation of a Department data analyst position and additional funds with which to contract for data services. Through a competitive bid process, ETF selected a private contractor to design, implement and serve as administrator of a health care membership database. Additional contracts have permitted the Board to purchase actuarial, data collection and analysis services which are described in more detail below. Per the action of the Committee in 1995, however, existing funding for continuation of these contracted services ends on June 30, 1996.

### **Rationale for Request**

The Group Insurance Board and Department request funding in the amount of \$290,700 be restored for FY 97. The Department plans to request a comparable amount become part of its base through the 1997-99 Biennial Budget process. The restoration of this funding will enable the GIB and Department to continue pursuing several strategies to improve health care service quality and contain costs.

#### **Primary Purposes for Which Funds are Used**

##### **A. Enrollment Database**

Attachment B provides a description of the current health care enrollment database. Neither the Department through its retirement-related database (the Wisconsin Employee Benefits System) nor the

Honorable Weeden and Brancel

May 23, 1996

Page 3

state's Central Payroll System capture data needed to administer a comprehensive health care program. The membership database enables the Department to determine who is covered under each subscriber's health policy (information which was not previously centrally available); extract summary data on individuals and groups which allows the Department to more accurately model the fiscal impact of proposed legislation and health plan premium increases; and create trend reports and ad hoc reports which the actuary, the GIB, and the Department use to manage the program and the premium negotiation process.

The Department estimates that \$181,700 SEG will be required to continue the operation and refinement of the membership database in FY 97.

#### B. Negotiation of Health Care Premium Rates

The health care database has enabled the GIB's actuary to receive extensive demographic information for use in the annual negotiation of premium rates with HMO and PPO plan providers. Previously, bids from qualified alternate plans were received and accepted or rejected by the Board based upon whether a plan bid appeared "generally reasonable" to the actuary. The availability of the database information enables the actuary to carefully examine the sex-age composition of plans to analyze claims experience and establish "cost targets" to use in the negotiation process. Consequently, the actuary can now actively challenge the alternate plans and more effectively negotiate on behalf of the GIB to assure that a plan is providing its health care services at an acceptable cost (See Attachment C for a summary description of the negotiation process).

The Legislative Audit Bureau (LAB) recently concluded that, since 1993, the state saved as much as \$6.7 million in direct premiums due to the negotiation process which relies upon the health care database. The Department views this as a conservative estimate of cost savings attributed to the negotiation process since it does not include self-imposed cost reductions by the plans in anticipation of face to face negotiation sessions. Although differing in the size of our estimates of future savings to be realized through negotiations, the LAB and Department agree that significant, tangible, savings have been achieved to date which are far in excess of the resources expended.

Estimated costs associated with additional actuarial consulting services are \$40,000 SEG for FY 97.

#### C. Report Card Data Compilation

Competition among health plans for subscribers yields many positive results, including lower premium rates, attention to quality of care and a desire to improve customer service. This competition is enhanced when plan participants are informed, active consumers. Toward this end, the Board asked the Department to develop and publish (annually) "report cards" for all health plans beginning in 1995. Funds from the data collection and analysis appropriation cover the costs associated with contracting for a statistically



Honorable Weeden and Brancel  
May 23, 1996  
Page 4

valid sampling of covered employees and preparation of the core information which is included in each plan's report card. The report cards currently emphasize subscriber satisfaction with health plan services (a sample copy appears as Attachment D).

The Department has further used the results of the survey to pinpoint areas in which plans appear deficient. Underperforming plans have subsequently been required to develop action plans for improvement of services in any areas noted. These initial actions of the GIB and Department to use data to enhance competition and positively effect changes in individual plans have been favorably received by plan participants and health consumer advocates.

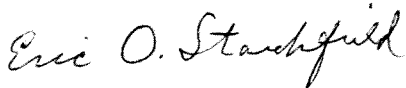
The Department estimates expenditures of \$69,000 SEG in FY 97 to contract for the consumer satisfaction survey and compilation of the individual plan report cards for the 1997 Dual-Choice booklet.

### Summary

Provision of funding by the Legislature in the last three years has enabled the Board and Department to initially develop the database with which to better manage the ever-increasing cost of health insurance for employees covered by the Board's plans. The State of Wisconsin and participating local government employers, through the Group Insurance Board, have become better informed and therefore wiser purchasers of health care services for their employees. Premium increases have been successfully restrained, requiring fewer employer dollars for health insurance premiums. Individual subscribers have benefitted from the additional information available: they are better able to compare plans based both on cost and on the basis of additional consumer information involving the quality of health care services provided. Health plans understand that subscribers speak through enrollment and that high quality service and cost competitiveness must both be achieved in order to retain or increase enrollments in the future.

Thank you for consideration of this request. I have asked Tom Korpady, Administrator of the Department's Division of Insurance Services, to present this request to the Committee and answer any questions that you may have.

Sincerely,



Eric O. Stanchfield  
Secretary

Attachments

**ATTACHMENT A****CONTRACTUAL SERVICES**

<b>Expenditure Item</b>	<b>Annual Amount</b>
Vendor contracts to develop and maintain health care enrollment database, on-site data entry enrollment information from employers, upload data from plans, audit and validate data, produce regular and ad hoc reports for management and provide technical assistance. Costs include CPU, disk, port and printer usage.	\$181,700
Actuarial firm to analyze health plan demographics, utilization data, establish premium rate targets, identify trends and unexpected usage patterns. Information used to negotiate premium rates with health plan providers.	\$ 40,000
Contract to survey plan participants to determine satisfaction with health plan. Results used to prepare the "Health Plan Report Cards" which are included in the Dual Choice Booklet.	\$ 69,000
<b>TOTAL</b>	<b>\$290,700</b>

## ATTACHMENT B

### KEY ELEMENTS OF HEALTH CARE ENROLLMENT DATABASE AND ADMINISTRATOR'S ROLE

The health care enrollment database consolidates data about all persons covered under health plans offered by the Group Insurance Board into a single system. Its file-based architecture stores data on subscribers, dependents, employers, and complaints. The Group Insurance Board contracts with a database administrator, currently Grant Thornton, who enters all employer and membership data, validates the data, prepares regular and ad hoc reports, and develops and maintains the database. The database administrator receives information on new or existing subscribers and their dependents from 80 plus state employers (the UW System being only one employer) and approximately 140 local employers. Most of that information is on paper, and the administrator must data enter it. In addition, health plans submit monthly subscriber and dependent updates via diskette to the database administrator who uploads and validates the health plan files.

The system contains hundreds of individual data elements, each stored in appropriate data files. Included in these files are:

- Data that identifies subscribers and dependents: name, social security number, dependent's relationship to subscriber.
- Demographic data for subscribers and dependents: date of birth, city and state of residence, gender, marital status, zip code, county, address.
- Employer data for each subscriber: employer group number, agency number, employer identification number, effective dates, end dates.
- Coverage information for subscribers and their dependents: carrier code, primary physician name, physician county, coverage type (single, family), enrollment type (e.g., dual choice change, new employee), effective date, end dates.
- Data on other third party coverage: Medicare Parts A and B effective dates, coordination of benefits indicator.
- Source of premium payments.
- Data on complaints that subscribers initiate against their health plans: subscriber identifying information, complaint type, contact data, activity date, comments, resolution information, employer identifying information, and carrier information.
- File update information: date, time, and individual completing the update.
- Transaction codes: add, change, or delete.

The system includes numerous reference files that the administrator uses to check the validity of the data elements. These include employer group numbers, county codes, coverage types, carrier codes, and various other fields. Standard edits ensure that elements such as dates, social security numbers, and cities are present, submitted in the proper length, and in a valid format. Other edits check the relationship between data elements, such as requiring a valid relationship between employer group number and employer identification number.

In addition, the Department and the administrator are currently implementing an automated employer premium remittance information sub-system. This will allow employers to remit data electronically and significantly reduce paper reporting.

## NEGOTIATION STRATEGY

The following describes how the actuary for the Group Insurance Board (GIB) and the Department use data extracted from the enrollment database to determine the reasonableness of premium bids submitted by HMOs and other managed care plans. In cases where the rates appear unreasonable, the actuary and the Department use the data to negotiate lower rates.

- Annually during April and May, the administrator compiles and provides statistics on age-sex statistics by plan for the actuary. Individual plans that contract with the GIB provide summary claims experience, demographics and benefit design data to the actuary.
- Actuary develops a "utilization and cost model" based on national, state and regional health care data.
- During June and July, using the experience data received from the plans and the data received from the enrollment database, the actuary calculates target premium rates for:
  - "Pure" target using benefit design and age-sex demographics.
  - "Experience-rated" target which incorporates claims experience
- Actuary accepts blind competitive bids from all plans that wish to participate in the program by August 1. Actuary compares competitive bids to target premium rates using the established model.
- First week of August, actuary and Department identify the plans that fall outside the established target range and decide those with which they will attempt to negotiate premium rates. They consider the following factors when making their decisions:
  - Ratio of bid to "pure" target.
  - Ratio of bid to "experience-rated" target.
  - Size of enrollment and reliability of data.
  - Other factors including the plan's financial stability, number and severity of catastrophic claims and intangibles; e.g. mergers, acquisitions, enrollment bias.
- Actuary and Department begin to negotiate with selected plans. Negotiation is based solely on the target established for the individual plan. Plans are not played one against the other. Plans are not required to revise their bids but may if they choose to do so.
- One week before the GIB meeting, all plans that wish to participate in the program must submit their final last premium rate offer.
- GIB meets at the end of August, accepts all qualified plans and rejects those that do not qualify. GIB has the authority to sanction a plan for not meeting certain criteria (e.g. closing to future enrollment) but to date has not taken that action.

# Health Plans and Medical Care: What Participants Think

## Key points about Health Plan Report Cards ...

- The **Health Plan Report Cards** are designed to help you evaluate and compare health plans. However, they should not be your only consideration when choosing a plan that best fits your needs. **See Section C for other important factors to consider.**
- The Report Cards reflect the results of a satisfaction survey of a random sample of insured participants. Survey participants were covered under their health plan for at least one year and responded to survey questions based on actual experience. The survey results represent the participants' perceptions about the care and services provided by their health plan.
- Survey questions were grouped by the following categories for plan evaluation:

Health Plan Endorsement	Effectiveness of Care
Care Provider Endorsement	Patient Consideration
Health Plan Services	Care Information Provided
Access to Care	Prevention and Wellness

- The **Plan Endorsement** chart shows the percentage of survey respondents who would recommend their health plan and medical care providers to their family and friends.
- The **bar graphs** allow you to compare plans offered in the same geographic area by category. The numbers shown on the bar graphs do not represent the percentage of participants satisfied. Rather, these "scores" were computed using a formula recommended by the Group Health Association of America (GHAA). Survey responses were assigned a point value (e.g., POOR = 1, FAIR = 2, GOOD = 3, EXCELLENT = 4) and points were totaled by category per plan. The weighted average plan score was then calculated for each category based on the total number of survey responses. Scores can range from 00.0 (all responses = POOR) to 100.0 (all responses = EXCELLENT). Scores in excess of 66.7 fall in the GOOD to EXCELLENT range.
- **MercyCare** was not included in this year's survey because it was a new plan in 1995.
- The results shown for **Employers Health Plan** are based on a sample size which may not be statistically significant.

**We are interested in your comments/suggestions regarding the Health Plan Report Cards. Please complete and submit the Evaluation Form found in the front of this booklet.**

NOTE: This is the summary compilation of a comprehensive survey of 2,250 participants, each being asked over 100 questions.

# PARTICIPANT ENDORSEMENT

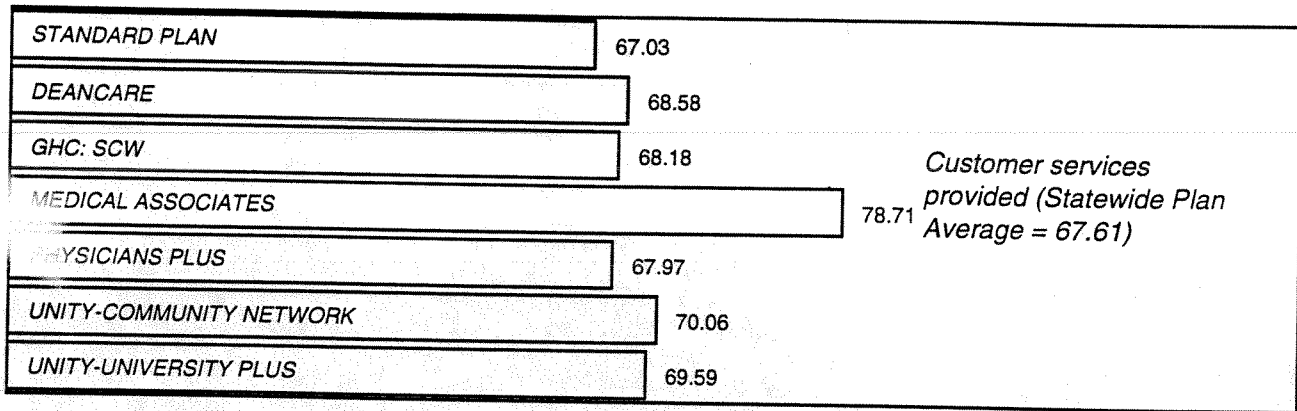
	PLAN ENDORSEMENT	PROVIDER ENDORSEMENT
	Percentage of Respondents Who Would Recommend This Plan to Family and Friends	Percentage of Respondents Who Would Recommend This Plan's Medical Care Providers to Family and Friends
STANDARD PLAN	88.04	90.06
COMPCARE	90.36	93.63
DEANCARE	93.86	93.70
EMPLOYERS HEALTH*	92.86	100.00
FAMILY HEALTH	75.00	78.72
GHC - EC	90.70	90.12
GHC - SCW	92.86	88.55
HMO MIDWEST	98.86	95.51
HMP 90	90.28	94.57
HPP NORTH CENTRAL	97.75	95.85
HPP OTHER	93.62	90.86
LACROSSE CARE PLUS	88.10	92.00
MANAGED HEALTH	92.31	90.96
MAXICARE	86.08	90.18
MEDICAL ASSOCIATES	94.03	98.62
NETWORK	95.45	95.63
PHYSICIANS PLUS	99.04	96.23
PRIMECARE	89.25	92.55
Q-CARE	95.74	94.71
SECURITY - MARSHFIELD	97.14	94.59
SECURITY - NORTHCARE	92.13	95.38
UNITED HEALTH	93.59	91.61
UNITY-COMMUNITY NETWORK	91.40	95.21
UNITY-UNIVERSITY PLUS	92.86	94.53
VALLEY HEALTH	96.00	96.24
WHO	84.69	91.49

\* Employers Health results are based on a sample size which may not be statistically significant.

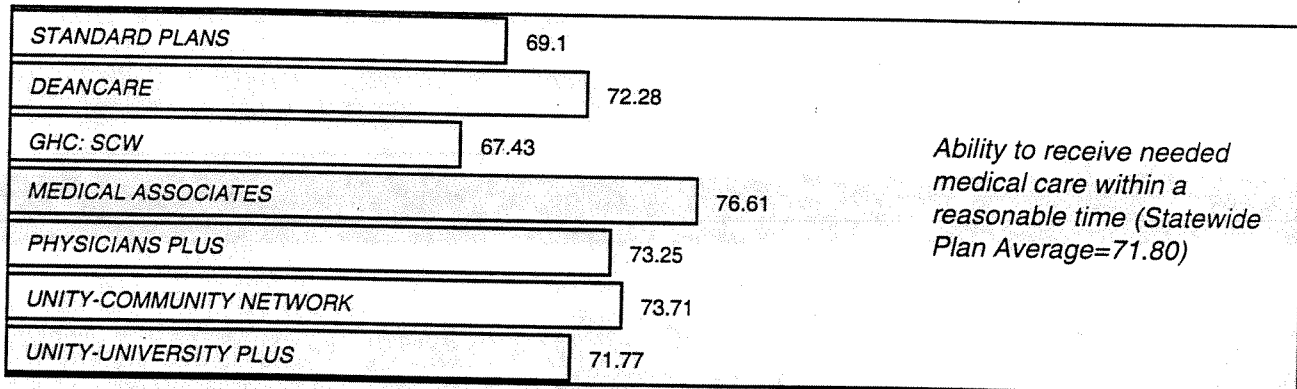
## SOUTHWEST REGION

The raw scores shown below are intended to facilitate comparisons. The numbers do not represent the percentage of participants satisfied. Scores in excess of 66.7 are considered good to excellent.

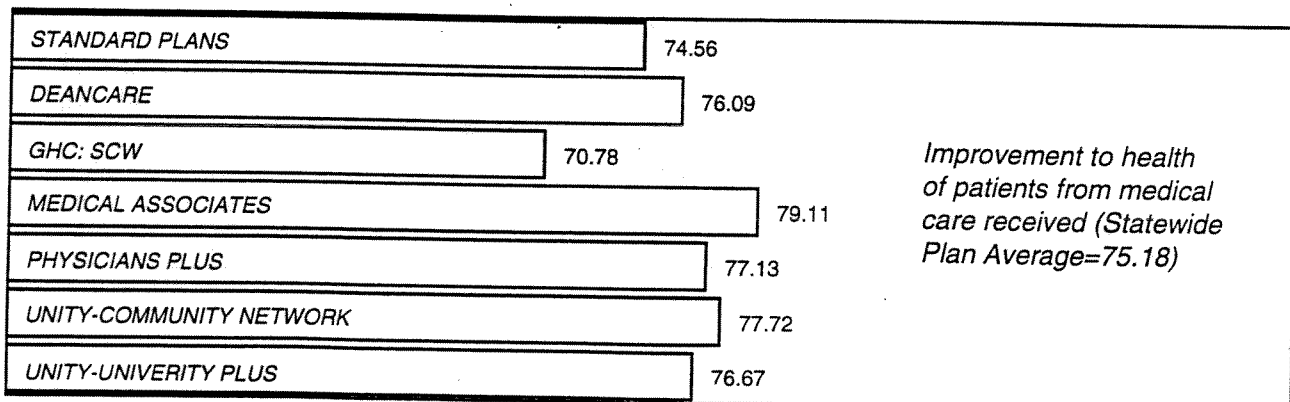
### Health Plan Services



### Access to Care



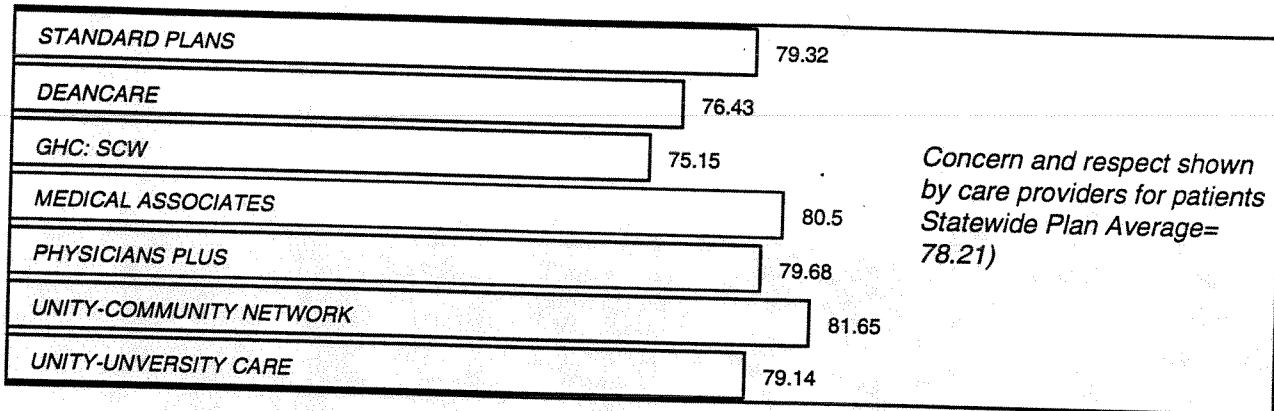
### Effectiveness of Care



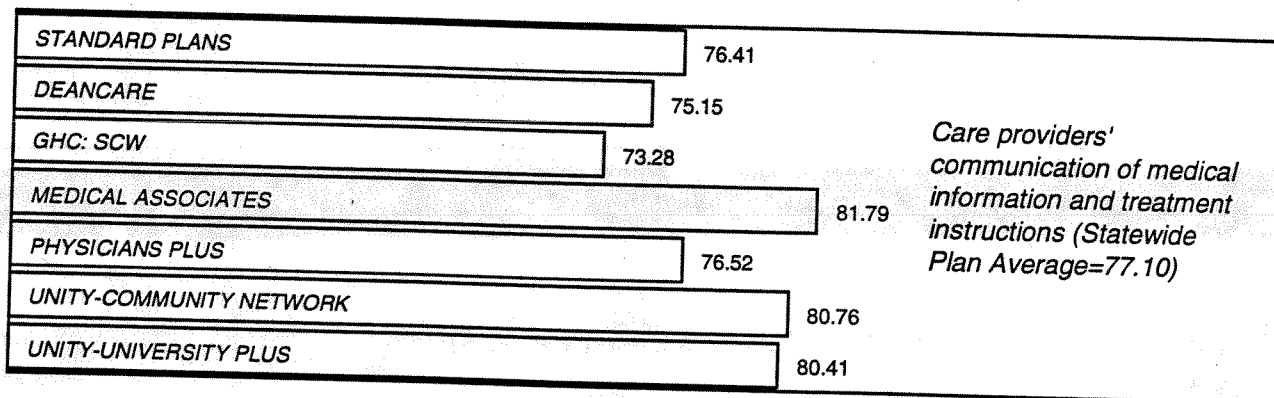
## SOUTHWEST REGION

The raw scores shown below are intended to facilitate comparisons. The numbers do not represent the percentage of participants satisfied. Scores in excess of 66.7 are considered good to excellent.

### Patient Consideration



### Care Information



### Prevention and Wellness

